STATE OF CALIFORNIA DEPARTMENT OF JUSTICE FIREARMS DIVISION

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

See reverse side for instructions and fees.

APPLICATION FOR: (check appropriate	e box)					
☐ New Certificate	New Certificate Applicant Tracking Identifier Number:					
☐ Annual Renewal ☐ Certificate of NOTE: One application form per per	of Eligibility Number: Expiration	Date:				
A. APPLICANT INFORMATION						
Name (Last) (First)	(Middle) M/F Date of B	irth Driver's License Number				
	-					
United States Citizen: Yes No No	Country of Citizenship	Alien Registration # or I-94 #				
_	Country of Chizonomp	Auton Regionalion in Gr 1 64 ii				
Check if new mailing address	Social S	Security Number				
		()				
Mailing Address City	County State Zip Code	Home Telephone Number				
		()				
Physical Address - if different City	County State Zip Code	Daytime Telephone Number				
D. DUONIEGO TVDE. (dand a conscieta la (col))						
B. BUSINESS TYPE (check appropriate	· '/					
Importer (I)	Wholesaler / Distributor (W)	Store Manager (B)				
Collector (C)	Pawnbroker (N)	Gunsmith (G)				
Firearms Dealer (D)	Manufacturer (M)	Explosive Permit (X)				
Gun Show Promoter (P)	Shooting Range (S)	Other (O)				
Employee (E)* Record dealership information below	Prop Master (T)	(Indicate type)				
*Name of Dealership:	*Dealer CFD Numbe	er:				
C. CERTIFICATION I declare under penalty of perjury (Sections 118 et seq., and 672 PC) that all statements made by me on this application are true and complete. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases, including the National Instant Criminal Background Check System.						
Signature of Applicant		Date				

See reverse side for instructions and fees.

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE FIREARMS DIVISION

INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY APPLICATION

(California Penal Code Section 12071)

NEW APPLICANTS

FINGERPRINT SUBMISSION REQUIREMENTS:

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, you must take a completed Request for Live Scan Service form (BCII 8016) to a Live Scan station. Please refer to **www.ag.ca.gov/fingerprints** for Live Scan station location information. Have the Live Scan station submit your fingerprint impressions to both DOJ and FBI. You must pay the Live Scan operator a \$32 DOJ fingerprint processing fee, a \$24 FBI fingerprint processing fee, as well as the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Firearms Division does not regulate or set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form (BCII 8016). The ATI number documents your fingerprint submissions. You must enter your ATI number on the designated space of your Certificate of Eligibility (COE) Application.

NEW APPLICATION FORM SUBMISSION REQUIREMENTS:

Complete the COE application form, being sure to include your Live Scan ATI number. Only one applicant per form. For more than one applicant per firearms dealership, each individual must complete a separate application form and submit fingerprint impressions via Live Scan to DOJ and FBI. Check the appropriate business type box(es). If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the the dealership's California Firearms Dealer (CFD) number. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. The COE application processing fee is \$22. Submit your completed COE application with a \$22 check or money order payable to Department of Justice to:

Department of Justice, Firearms Division - COE, P.O. Box 820200, Sacramento, CA 94203-0200

RENEWAL APPLICANTS

The COE annual renewal fee is \$22. Fingerprint submissions are not required for annual renewal applications. Complete the COE application, being sure to include your COE number and expiration date. Check the appropriate business type box(es). If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the the dealership's California Firearms Dealer (CFD) number. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. Submit your completed COE application with a \$22 check or money order payable to Department of Justice to:

Department of Justice, Firearms Division - COE, P.O. Box 820200, Sacramento, CA 94203-0200

QUESTIONS:

If you have any questions, please contact the Firearms Division at (916) 227-5367.



REQUEST FOR LIVE SCAN SERVICE Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert						
Job Title or Type of License, Certification or Permit: Certificate of Eligibility						
Agency Address Set Contributing Agency: Department of Justice, Firearms Division Agency authorized to receive criminal history information		02879 Mail Code (five digit code assigned by DOJ)				
P.O. Box 820200 Street No.Street or P.O. Box		Firearms Lic. Permits Unit Contact Name (Mandatory for all school submissions)				
Sacramento, California City State	94203-0200 Zip Code	916-227-3694 Contact Telephone No.				
Name of Applicant: (please print) Last	First		MI			
Alias: Last	First	Driver's License	No			
Date of Birth: Sex:	Male Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weigh	nt::	Misc. No:				
Eye Color: Hair C	olor:	Home Address:	Street or P.O. Box			
Place of Birth:SOC:			City, State and Zip Code			
Your Number: N/A Level of Service DOJ: U FBI: U						
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute) N/A						
N/A Employer Name		<u> </u>				
N/A			N/A			
Street No. Street or P.O. Box N/A		()	Code (five digit code assigned by DOJ) N/A			
City State	Zip Code	Agen	cy Telephone No. (optional)			
Live Scan Transaction Completed By	Name of Operator		Date:			
Transmitting Agency	ATI No.		Amount Collected/Billed			

REQUEST FOR LIVE SCAN SERVICE Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert						
Job Title or Type of License, Certification or Permit: Certificate of Eligibility						
Agency Address Set Contributing Agency: Department of Justice, Firearms Division Agency authorized to receive criminal history information		02879 Mail Code (five digit code assigned by DOJ)				
P.O. Box 820200 Street No.Street or P.O. Box		Firearms Lic. Permits Unit Contact Name (Mandatory for all school submissions)				
Sacramento, California City State	94203-0200 Zip Code	916-227-3694 Contact Telephone No.				
Name of Applicant: (please print) Last	First		MI			
Alias: Last	First	Driver's License	No			
Date of Birth: Sex:	Male Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weigh	nt::	Misc. No:				
Eye Color: Hair C	olor:	Home Address:	Street or P.O. Box			
Place of Birth:SOC:			City, State and Zip Code			
Your Number: N/A Level of Service DOJ: U FBI: U						
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute) N/A						
N/A Employer Name		<u> </u>				
N/A			N/A			
Street No. Street or P.O. Box N/A		()	Code (five digit code assigned by DOJ) N/A			
City State	Zip Code	Agen	cy Telephone No. (optional)			
Live Scan Transaction Completed By	Name of Operator		Date:			
Transmitting Agency	ATI No.		Amount Collected/Billed			